

Delaware Serious and Violent Offender Reentry Project

Workplan

October 2002

**The Department of Health and Social Services
The Department of Correction
The Superior Court of Delaware
The Department of Labor
The Delaware Workforce Investment Board
The Department of Public Safety
The Department of Education
The Delaware Public Defender's Office
The Delaware State Housing Authority
The Statistical Analysis Center**

1. Determine Problems to Be Addressed

Introduction. The Delaware Serious and Violent Offender Reentry Project (Delaware Offender Reentry Project) will provide an innovative approach to returning and integrating high-risk offenders into the community. This approach recognizes that today's returning offender has multiple needs that must be addressed to guarantee public safety and at the same time provide individualized support services. The project also acknowledges that today's offenders:

- have needs above and beyond the services that the traditional probation/parole model has been able to offer;
- have spent longer periods in secure confinement and are less prepared for the challenges of life on the outside than in the past; and
- are more likely to have substance abuse and/or mental health problems that further reduce the likelihood for a full and successful release and integration process.

The proposed project will address these multiple needs across multiple levels and eliminate the artificial barriers that exist in the State's available services array. This will be accomplished through a coordinated multi-department, multi-agency approach.

More specifically, the Delaware Offender Reentry Project will seek to:

- increase community safety through a reduction in the percentage of long-term incarcerated offenders that commit new offenses after release; and
- re-integrate offenders into the community by addressing their complex individual needs. These needs include substance abuse treatment, mental health services, employment and training, and social services.

The project will also work with offenders to identify their needs and options regarding housing and family re-integration. This project builds upon Delaware's existing offender services to increase coordination, enhance services and increase the availability of substance abuse and mental health services for returning offenders.

Background. Delaware has an integrated correction system administered directly by the state. There are no local or county jails/prisons in the state. In Delaware, the Sentencing and Accountability Commission (SENTAC) was established by statute in 1984 to develop and implement a system of sanctions designed to hold the criminal justice system more accountable to the public, and the offender more accountable to the criminal justice system. SENTAC developed a five level system of sanctions:

- **Level V - Incarceration**
- **Level IV – Halfway House/Home Confinement**
- **Level III – Intensive Supervision**
- **Level II – Field Supervision**
- **Level I – Administrative Probation**

A system of sentencing standards was implemented in Delaware's Courts with adult criminal jurisdiction whereby judges sentence offenders to initial sanction levels based on the severity of the offense and criminal history.

This system was structured to meet SENTAC's stated policy of sentencing offenders to the least restrictive and least costly sanction possible consistent with public safety. SENTAC's goals are:

- Incapacitate the violence-prone offender;
- Restore the victim; and
- Rehabilitate the offender.

Systemic Impact. Since the SENTAC system became operational in 1987, there has been a significant increase in both the number of admissions and length of stay of violent offenders, with non-violent offenders occupying mid and lower-level sanctions.

While the structure of Delaware's Sentencing and punishment scheme is such that sentencing equity has been improved via sentencing standards and mandatory sentencing provisions, flexibility to impose individually tailored sentences within these parameters has nonetheless increased. It is common for sentences to contain multiple levels, thereby enabling offenders to move gradually to less restrictive sanctions for compliance. In addition, many sentences contain conditions for the program participation whereby movement is conditional upon such program completion. Finally, virtually every sentence in Delaware contains a long probationary tail, providing additional leverage for program completion and other compliance.

B. Analysis of the Population

In 2000, Delaware's population was 783,600 persons. About 64% of the state's population resides in New Castle County, a predominately urban area. The remainder of the population resides in the less densely populated areas of Kent and Sussex Counties (16% and 20% respectively).

According to the Bureau of Justice Statistics, Delaware ranked 10th highest in the nation in terms of long-term incarceration with a rate of 513 persons per 100,000 residents incarcerated for 1 year or more in 2000. Since the 1980's two trends have contributed to a rapid increase in Delaware's prison population. First, an increasing number of individuals have been entering the system. Second, the average length of incarceration has increased. The Bureau of Justice Statistics reports that from 1990 to 2000, the population of sentenced prisoners under State jurisdiction increased by 1,696 inmates or 75.5 percent. This is an average annual increase of 5.8 percent. Among offenders serving sentences of 1 year or more, there has been an increase in the incarcerated population from 3,730 in 1999 to 3,937 in

2000 (an increase of 5.5 percent).¹ Currently, the average daily census of Delaware prisons is about 6,400 offenders. This total includes persons in pre-trial detention, jail and prison. It is estimated that 97% of these persons will eventually return to the community. Approximately 20,000 offenders are admitted to secure confinement per year. Of these admissions about 9.3% are serving sentences of one year or more. The average length of stay of an offender in prison is 32.5 months.

Nationally, it is estimated that 62% of released State prisoners are rearrested within 3 years of release and 41% return to prison and/or jail.² Available data in Delaware reveal that 47.5% percent of released offenders are returned to prison within three years.³

Delaware has not conducted a comprehensive study of recidivism among its prison releasees in recent years; however earlier general studies and more recent specialized studies suggest recidivism rates in Delaware are near national averages. In one continuing study of treatment alternatives for drug-involved prisoners (average age 29), it was found that 54% of prisoners with a drug involvement history (80% of Delaware offenders fit this criterion) and no specialized drug treatment while in custody are rearrested for new crimes within one year of release. Seventy-one percent are rearrested for new crimes within three years.^{4, 5} For comparison, those who receive a continuum of Therapeutic Community treatment and aftercare do much better. Thirty-one percent of this treatment group have been rearrested for a new crime three years later. These statistics are just for new crimes. When parole violations leading to re-incarceration are taken into account as well, drug-involved prison releasees without treatment average over 104 days of re-incarceration in the year subsequent to release.⁶ Since this average includes all releasees, not just those re-incarcerated, it is apparent that the percentage of those

¹ Bureau of Justice Statistics. (August 2001). Bureau of Justice Statistics Bulletin, *Prisoners in 2000* (Bureau of Justice Statistics Publication NCJ 188207). Washington DC: US Department of Justice, Bureau of Justice Statistics.

² Bureau of Justice Statistics. "State and Federal Prisoners Returning to the Community: Findings from the Bureau of Justice Statistics." Paper presented at the First Reentry Courts Initiative Cluster Meeting, Washington, D.C., April 13, 2000.

³ Delaware Statistical Analysis Center (June 1998). The Locations of Rehabilitative Services for Inmates Released from the Delaware Department of Correction (State of Delaware Document Number 100703-98712).

⁴ Martin, S.S., Buttzin, C.A., Saum, C.A. & Inciardi, J.A. (1999). Three-Year Outcomes of Therapeutic Community Treatment for Drug-Involved Offenders in Delaware: From Prison to Work Release and Aftercare. *The Prison Journal*, 79(3), 294-320.

⁵ Inciardi, J.A., Martin, S.S. & Surratt, H.L. "Therapeutic Communities in Prisons and Work Release: Effective Modalities for Drug-Involved Offenders," in Barbara Rawlings and Rowdy Yates (eds.), *Therapeutic Communities for the Treatment of Drug Users* (London: Jessica Kingsley Publishers, 2001), pp. 241-256.

⁶ Mccollister, K.E., French, M.T., Inciardi, J.A., Butzin, C.A., Martin, S.S. & Hooper, R.M. A Cost-Effectiveness Analysis of Post-Release Substance Abuse Treatment for Criminal Offenders. (Publication Under Review).

returning to prison in Delaware is high.

These trends point to the realization that today in Delaware, as in much of the nation, offenders have needs above and beyond the services that the traditional probation/parole model has been able to offer. Truth in sentencing and tougher laws have ensured that offenders spend longer periods in secure confinement. As a result many returning offenders are less prepared for the challenges of life on the outside than in the past. Additionally, today's returning offender is more likely to have a substance abuse and/or mental health diagnosis that further complicates the prospects for a successful reentry into society.

An analysis of 18 to 35 year olds released from Level V confinement over the three-year period 1999-2001 revealed that approximately 300 offenders per year in this age group are returned to communities throughout Delaware. Table 1 depicts the 3-year totals by county, average per year and estimated number of offenders with a substance abuse and/or mental health diagnosis per year:

*Table 1: 18 - 35 Year Old Offenders,
Released from Level V Facilities to Communities in Delaware, 1999-2001*

	3 Year Total	Average Per Year	Substance Abuse Diagnosis (80%)	Mental Health Diagnosis (17%)
Kent County	155	52	42	9
New Castle County	594	198	158	34
Sussex County	170	57	46	10
Total	919	306	246	53

The Delaware Offender Reentry Project is a statewide project that will target at least up to 300 offenders per year that are about to be released into the community. The offenders will be between the ages of 18 and 35 years of age at the time of release from secure confinement (SENTAC Level 5) from one of five secure confinement facilities.⁷ Sex offenders will be excluded from this project.

⁷ The five secure confinement, Level V institutions are: the Multi-Purpose Criminal Justice Facility in Wilmington, DE; the Webb Correctional Facility in Wilmington, DE; the Sussex Correction Institution in Georgetown, DE; the Women's Correctional Institution in New Castle, DE; and the Delaware Correctional Center in Smyrna, DE.

2. Determine Goals and Objectives

Goal 1: Prevent Recidivism

- 0.1) Initiate the reentry process in the correctional setting prior to discharge with contact between the offender and a case management team;
- 0.2) Engage the offender fully in the planning process with a full understanding of the expectations and consequences of their participation in the process;
- 0.3) Based on the unique needs of the offender, provide individualized support and services to ensure successful reentry into the community; and
- 0.4) Exercise active supervision of the offender to ensure accountability through graduated sanctions for noncompliance or criminal behavior.

Goal 2. Enhance Public Safety

- 1.1) Enhance public safety through coordination with state and local law enforcement agencies to ensure accountability.
- 1.2) Provide active ongoing management and supervision of the offender.
- 1.3) Utilize technology, as appropriate, to ensure the offender does not pose an undue threat.
- 1.4) Exercise zero tolerance for new criminal activity.
- 1.5) Develop and implement individual reintegration plans with appropriate levels of supervision.

Goal 3: Redeploy and leverage existing community resources by developing linkages and accessing currently provided services.

- 2.1) Use federal funds only to design, build, test, and improve a system that utilizes existing resources so reentry programs do not depend on temporary federal funding;
- 2.2) Use federal funds only to enhance existing state or local resources and provide options not otherwise available or sufficient.
- 2.3) Increase communities leveraging and allocation of resources to provide for the sustainability of the reentry initiative.
- 2.4) Enhance partnerships among government agencies and community organizations.
- 2.5) Enhance the availability and quality of reentry services.

Goal 4: Assist the Offender to avoid crime, engage in pro-social community activities and meet family responsibilities.

- 3.1) Promote productive engagement between the offender and community organizations;
- 3.2) Provide for and expect the offender to be a contributing productive citizen.
- 3.3) Increase involvement between members of offenders' support networks, including families, and returning offenders.

Goal 5: Ensure Program Sustainability

- 4.1) Ensure current community and government resources are utilized and will remain accessible once federal funds are unavailable.
- 4.2) Ensure that broad government and community support exists and that these relationships are enhanced and built.
- 4.3) Ensure that this initiative is viewed as integral to community and public safety.

5. Select Target Populations/High Risk Offenders

According to the Department of Correction, between 300-400 offenders per year met the overall criteria for the Delaware Offender Reentry Project in Calendar Years 1998-2000. These criteria are:

- Between 18 and 35 years of age at time of release;
- Released from a Level V secure confinement facility;
- Not currently serving a sentence for a sex offense.

Over half of these releases were serving sentences for either a violation of probation or a drug-related offense.

It is estimated that up to 300 offenders per year will be served by this project when fully staffed in Year III. Priority for enrollment into the project will be determined by a number of considerations, including:

1. Offenders who will reside in the State of Delaware after release;
2. Offenders with a substance abuse and/or mental health disorder;
3. Offenders with severe deficiencies in job training and/or employability at the time of release;
4. Offenders who are 18-24 years of age at the time of release; and
5. Offenders returning to high-risk zip codes in the State of Delaware.

Offenders not enrolled in the project will be referred to alternative services based upon their needs.

Two-hundred and forty six of 498 (49.4%) of eligible offenders released in calendar year 2000 reported living in one of eight zip codes in the State. These areas are:

- 19801, 19802 and 19805 within the City of Wilmington, New Castle County;
- 19901 and 19904 in the City of Dover, Kent County; and 19973, 19966 and 19933 in Western and Southern Sussex County (Seaford, Millsboro and Bridgeville, respectively).

Other areas reporting moderate levels of returning offenders include New Castle and Newark, in New Castle County, Smyrna in Kent County and Ellendale, Frankford and Georgetown in Sussex County.

Figure 1: Select Target Population Timeline

The Delaware Offender Reentry Project will be phased-in in 3 stages. During Stage 1 (months 7-12, Year 1), offenders returning to New Castle County will be enrolled. In Stage 2 (months 13-24, Year 2), offenders from New Castle County and Kent County will be enrolled. Finally, in Stage 3 (months 25-36) returning offenders in each of the State's 3 counties (New Castle, Kent and Sussex) will be enrolled. It is anticipated that the number of offenders enrolled will be 100 in year 1, 250 in year 2 and 300 in year 3 (a total of 650 offenders).

4. Determine Organizational Capacity/Decision Makers

Delaware Health and Social Services is the largest state agency in Delaware. The Secretary of Health and Social Services directs and integrates the activities of 11 separate divisions and units. The **Division of Substance Abuse and Mental Health**, within Delaware Health and Social Services, is responsible for Delaware's public mental health and substance abuse services for persons 18 year of age and older.

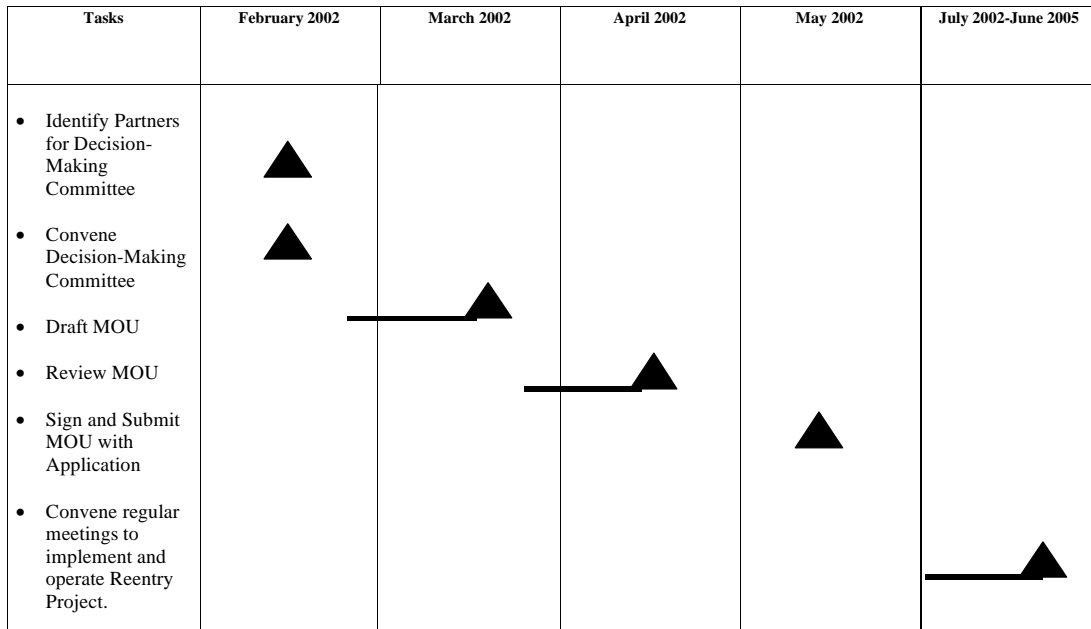


Figure 2: Organization Capacity Timeline

DSAMH's mission is to improve the quality of life for adults having mental illness, alcoholism, drug addiction, or gambling addiction by promoting their health and well-being, fostering their self-sufficiency and protecting those who are at risk. The Division accomplishes its mission by providing publicly funded treatment, education, prevention, and advocacy.

The Division operates Community Mental Health Centers and contracts for community support programs throughout the state. Additionally, the Division's Central Office is charged with administration of statewide alcohol and other drug services. The Division is structurally divided into a main administrative Central Office, the Delaware Psychiatric Center (the state's only public in-patient mental health facility), the Community Mental Health Centers and Alcohol and Drug Abuse Services.

Administration of statewide alcohol and other drug service and the mental health services for adults 18 years of age and older is a function of the Central Office. The Central Office has the following responsibilities: 1) implementing Delaware Health and Social Services policy; 2) setting mission, values and policy within the Division; 3) planning and allocating resources and developing services; 4) managing state and federal inter-governmental relations; and 5) managing the delivery system.

The Delaware Psychiatric Center is the single state psychiatric hospital. The DPC operates a 230-bed acute and long-term psychiatric hospital, a 42-bed forensic program, and an 83-bed psychiatric nursing facility.

The Community Mental Health Centers (CMHCs) serve as the lead agencies in the community support service system, managing the flow of consumers with serious mental illness into community support programs and nurturing cooperation among programs. The CMHC Directors manage CMHC operations and work in conjunction with the Central Office in terms of designing, developing and coordinating the community support service system. The primary functions of the CMHCs include: Operating the statewide 24-hour mobile crisis units and local crisis stabilization programs; monitoring the certification of consumers for Community Support Programs; managing consumer utilization of Delaware Psychiatric Center; operating clinic-based outpatient services; overseeing contractual long-term community support services in their region(s); representing the Division to local governments and human service systems; and collaborating in the overall management of the public mental health service system.

The Division operates, directly or through contracts with private agencies, primary alcohol and other drug prevention and treatment services throughout the state. Treatment services include: Outpatient evaluation and counseling; methadone maintenance; case management services, including intensive multi-disciplinary teams; short- and long-term residential programs; and residential detoxification services. Also located with A&D services are **Treatment Access Center** (TASC), providing targeted services and liaison with the Courts and Criminal Justice System; and services directed toward problem/compulsive gambling.

As an operational entity, TASC:

- Assesses, refers to treatment and provides case management services to offenders as they move through both the criminal justice and treatment systems;
- Provides case-based and aggregate information to decision makers;
- Establishes policies and procedures for urine monitoring;
- Provides client advocacy;
- Provides support to supervision and treatment providers to retain offenders in treatment by facilitating communication between the criminal justice and treatment systems and by utilizing the leverage of the criminal justice system to promote offender engagement in treatment.

TASC services are provided to offenders coming through Delaware's Superior Court Drug Courts. TASC performs initial assessments on referrals and provides preliminary treatment recommendations to the Court and attorneys for use in disposition. Once a case is engaged, TASC ensures that treatment placement occurs in a timely fashion.

As the lead agency, DHSS/DSAMH will provide administrative oversight to the project. DSAMH will hire the Project Manager and Case Managers through contractual arrangements. A Project Director will be hired to manage the project on a day-to-day basis. The Project Director will report to the Reentry Steering Committee and work closely with the State's Alcohol and Drug Services Director. DHSS/DSAMH will also be responsible as the lead on the case management teams. TASC will provide supervision for the 4 case managers. Two case managers will be located in New Castle County and one case manager each will work in Kent County and Sussex Counties. DHSS/DSAMH will be responsible for placement of eligible offenders into appropriate levels of substance abuse treatment and mental health services.

The ***Department of Correction*** has primary responsibility for the supervision of 6,000 inmates and 20,000 probationers in the community. DOC is committed to: the provision of programs, policies and services which at all times place public safety as the top priority; the provision of safe and humane services, programs and facilities; the enhancement of long term public safety through accountability of offenders after release; encouraging an environment supportive of the recognition of victims' rights; and recognition of the value of human resources as represented by volunteers, offenders, their families and community members.

The ***Bureau of Prisons*** provides overall administrative support for the four state facilities that provide Level V secure confinement to offenders who will participate in the Offender Reentry Project. These facilities are:

- Delaware Correctional Center, Smyrna, DE
- Multi-Purpose Criminal Justice Facility, Wilmington, DE
- Sussex Correctional Institution, Georgetown, DE
- Women's Correctional Institution, New Castle, DE

- The Webb Correction Facility in Wilmington, De
- The Bureau of Prisons also oversees the Boot Camp program in Georgetown, DE.

The Level V facilities provide:

- Protection to the public through incarceration to the offender;
- Protection to the public through rehabilitation of the offender to prevent future crime;
- A safe and human living environment for the incarcerated offender; and
- A safe and appropriate working environment for staff; and
- A range of correctional programs necessary to meet the needs of both society and the individual while implementing court-ordered sanctions in the least restrictive environment with public safety.

The ***Bureau of Community Corrections*** provides an array of services which cut across SENTAC Levels I-IV. The Bureau:

- promotes public safety through the effective supervision of offenders placed under community supervision;
- provides supervision, programs and treatment services that promote long-term, self-sufficient, law abiding behavior by offenders; and
- supports efforts to make victims whole in accordance with Delaware law.

At Level I, offenders are placed at the least restrictive form of supervision under Delaware's sentencing system. These offenders are generally first-time offenders who pose little risk of re-offending.

Level II is the standard probation supervision program. Offenders at Level II supervision meet with their Probation Officer on a regular schedule to comply with contact requirements based on risks/needs assessments.

Level III is an intensive level of supervision that is an alternative to incarceration. At Level III the officer to client ratio is 1:25. The purpose of this intensive level is to closely supervise adult offenders in the community to prevent further criminal behavior while sentences are being served. Supervision is frequent and intense.

Level IV is a house arrest/custody program for offenders who are restricted to an approved residence in which specific sanctions are imposed and enforced. This level of supervision includes continuous electronic and direct surveillance.

The Department of Correction will work closely with the case management team to **identify eligible offenders beginning at one year prior to release**. Correction personnel will work with each of the Level V institutions to identify the target population. DOC will screen offenders for risk to the community and provide medical and other files according to confidentiality requirements to be developed during the planning phase. DOC will also provide access to the institutions to the designated team members that will work with the offender prior to release.

The Department of Correction, through the Bureau of Community Corrections will also provide support to the offender management process through its supervisory function as discussed above.

Superior Court has statewide original jurisdiction over criminal and civil cases, except equity cases, over which the **Court of Chancery** has exclusive jurisdiction, and domestic relations matters, which jurisdiction is vested with the **Family Court**. The Court's authority to award damages is not subject to a monetary maximum. The Court hears cases of personal injury, libel and slander and contract claims. The Court also tries cases involving medical malpractice, legal malpractice, property cases involving mortgage foreclosures, mechanics liens, condemnations, and appeals related to landlord-tenant disputes and appeals from the Automobile Arbitration Board. The Court has exclusive jurisdiction over felonies and drug offenses (except most felonies and drug offenses involving minors and except possession of marijuana cases).

Superior Court has jurisdiction over involuntary commitments of the mentally ill to the Delaware Psychiatric Center. The Court serves as an intermediate appellate court, hearing appeals on the record from the **Court of Common Pleas**, **Family Court** (adult criminal), and more than 50 administrative agencies including the Industrial Zoning and Adjustment Boards, and other quasi-judicial bodies. Appeals from Alderman's Courts and **Justice of the Peace Courts** are heard on trials *de novo* (second trials) in Superior Court. Appeals from Superior Court are argued on the record before the **Supreme Court**.

Delaware's Drug Court Program began full operation in April 1994 and expanded into the country's first statewide program in 1997. The Drug Court processes cases on two tracks.

- Track I targets defendants who are arrested while on Superior Court probation and who are charged with one or more drug offenses that do not carry a minimum mandatory sentence. A violation hearing is held within 14 to 21 days of arrest to resolve both the violation and the new charge. If both are resolved by a plea agreement, a punishment and treatment program is established. Each case is actively monitored by the Track I judge. If no plea agreement is reached, the violation is heard and a trial is scheduled within 90 days of arrest. Track I has been successful in expediting the resolution of charges related to offenses committed by individuals on probation. Many of these offenders are quickly referred to residential substance abuse treatment followed by outpatient treatment. A recent study showed that those who successfully completed Track I treatment were less likely to be re-arrested within 18 months following release. Statistics also show that this program has been successful in reducing the number of drug-addicted babies born to previously addicted mothers who have completed the program.
- Track II targets defendants who are arrested for drug offenses who have no or minimal prior felony convictions and who are charged with offenses other than trafficking or delivery (which carry minimum mandatory sentences). Diversion eligible defendants waive their right to a jury trial and agree to a stipulated fact trial if they do not comply with diversion conditions. Defendants appear at monthly hearings before

the Track II judge, who monitors the defendants' progress in the drug treatment program. Upon successful completion of the program requirements, the case against the defendant is dismissed. The Track II diversion program has been highly successful in placing defendants who qualify into substance abuse treatment. As of December 31, 1999, over 1,700 people have entered the diversion program in New Castle County; over 63% have successfully graduated or are still active in treatment. Significantly fewer graduates were re-arrested within 18 months of release from the program than those who were terminated from the program.

Delaware also has an existing reentry court. The reentry court is a collaborative effort between Superior Court, the Department of Correction, the Treatment Access center, and the University of Delaware. The reentry court program is designed to work with offenders who are returning to the community and who have diminished social skills resulting from their long-period of incarceration. The reentry court builds on the model of drug courts. The program entails intense supervision and close case management, and addresses housing, substance abuse, vocational and other needs. Additionally the program is designated to assist the offender with the transition back into the community and, in doing so, reduce the likelihood that the offender will re-offend. This project will build upon the accomplishments of the reentry court using much of the existing procedures. Approximately two weeks prior to release, offenders will be brought before the Superior Court for a hearing. During the hearing, the judge will review the case management plan that has been developed and explain to the offender the conditions of release. These conditions may vary according to the level of risk posed and the level of supervision required after release into the community.

The Department of Correction/Bureau of Community Corrections will monitor offenders for compliance. Additionally, the Offender will be scheduled for regular Court appearances to evaluate the progress in meeting case management plan goals and objectives, and compliance with probation requirements. Technical violations will result in escalated sanctions. The sanctions are:

- 1) first offense – 8 hours of Community Service
- 2) second offense – 2 Weekends at Work Release Center
- 3) 7 days at Violation of Probation Center
- 4) Re-imposition at Level V (Secure Confinement)

Violations related to substance abuse may result in increased treatment intensity.

The ***Delaware Workforce Investment Board*** assists the Governor in:

- Promoting and developing a well-educated, highly skilled Delaware workforce by creating a coordinated, comprehensive workforce development system;
- Overseeing and coordinating all state and federal workforce investment programs;
- Developing a strategic plan including goals and strategies for all state and federal workforce development programs and/or populations;
- Developing, implementing and coordinating standards and measures to evaluate the effectiveness and efficiency of workforce development programs;

- Promoting integrated service delivery and information systems at the state and local level for all workforce development programs;
- Determining which workforce development advisory councils are redundant and recommending which should be eliminated;
- Assuming the duties, responsibilities and functions of the State Job Training Coordinating Council, the State Occupational Information Coordinating Council, and such other workforce development advisory councils that the Board recommends for elimination;
- Developing and implementing a plan for assuming the duties, responsibilities and functions of the Delaware Private Industry Council.
- Developing federal regulatory waiver applications to consolidate training programs and streamline the delivery of services;
- Establishing linkages with other entities necessary to enhance the development of a State strategic plan for workforce development;
- Developing and continuously improving comprehensive State performance measures to assess the effectiveness of the workforce development in the State;
- Preparing the annual report to the U.S. Secretary of Labor;
- Developing the statewide employment statistics system;
- Carrying out the responsibilities of the Local Board.

The Workforce Investment Board will set policy and maintain oversight responsibility for the Employment Training programs to be utilized for the Delaware Offender Reentry Project. The Board will work closely with the Office of Labor Market Information to insure a focus on training efforts that meet current labor market demands and monitor the training provided to offenders.

The *Delaware Department of Labor* connects people to jobs, resources, monetary benefits, workplace protections and labor market information to promote financial independence, workplace justice and a strong economy.

The department's organizational structure was created by statute on June 22, 1970, when Delaware moved from a commission form of government to a cabinet form of government. Presently, the Department of Labor is headed by a secretary of labor who is appointed by the governor. The department is made up of four divisions and three offices:

- **The Division of Employment and Training**
- **The Division of Unemployment Insurance**
- **The Division of Industrial Affairs**
- **The Division of Vocational Rehabilitation**
- **The Office of Administration**
- **The Office of Occupational and Labor Market Information**
- **The Office of the Delaware Commission for Women**

The combined efforts of these divisions and offices support the employment-related needs of nearly 400,000 Delaware workers and more than 20,000 businesses throughout the state.

The Department of Labor, *Office of the Secretary* will ensure that there is a centralized coordination of the department's participation in the Delaware Offender Reentry Project. The Prison to Work Administrator will oversee the program activities and initiatives related to the Delaware Offender Reentry Project and will work closely with the Case Management Team and partner agencies to ensure employment and training issues are addressed.

The *Division of Employment and Training* will provide support to offenders through its existing programs and services. The Division's bonding program, which enables offenders to become fully bonded, will be of primary importance in the process of helping offenders seek and obtain employment.

Through Virtual Career Centers, the Division of Employment and Training will provide "One Stop" employment services to offenders. Key features include:

- **The Virtual Career Center - a technology based information system directly linked to the Delaware Department of Labor. Persons using the Virtual Career Net may view the most current job openings and fill out applications.**
- **Employment Readiness - Develop resumes, cover letters, screen resumes, practice interview skills (including video mock interviews), and other soft skill development.**
- **Employment Services Library - Audio/video cassettes and text books in English and Spanish on various employment services and topics to assist applicants.**

The Department of Labor will develop a training account fund to support employment partnerships for the target population. These partnerships shall be designed to develop employment skills and employment opportunities to meet Delaware's current primary workforce gaps: Skilled Labor and the Service/Retail Industry. The key partnerships shall be the Building and Trades Council for skilled labor and the State Chamber of Commerce for the retail/service industry. Initiatives will include industry targeted job fairs and training at the prison sites and in the community, education forums with prospective employers, employee development on specific employment strategies for the target population, and incubator start-ups with partner agencies.

The *Department of Public Safety* promotes and protects the safety of people and property in Delaware. Several key objectives support this mission:

- Reducing the incidence and impact of crime;
- Moving police services closer to people;
- Maximizing police use of technology to fight crime;
- Promoting cooperative efforts among law enforcement agencies.

The Department of Public Safety will participate in the Reentry Steering Committee and provide the law enforcement perspective. The Department oversees three divisions with law enforcement responsibility: the Delaware State Police, Capitol Police and the Division of Alcoholic Beverage Control and Tobacco Enforcement.

The *Office of the Public Defender* of the State of Delaware was created by the General Assembly (1) to preserve to indigent defendants their constitutional rights in criminal cases and (2) to assist the court in the improvement of the administration of justice. The responsibility of the Public Defender is to represent every person arrested or charged with a crime who cannot afford a lawyer. The Public Defender employs many skilled attorneys who are Assistant Public Defenders. Whenever a person is arrested and charged with a crime, he or she has **important rights** guaranteed by the **Constitution of the United States** and the Constitution of the State of Delaware. The Public Defender will provide services to offenders for pre-existing legal issues during the transition phase.

Housing was identified as a critical need for the target population during the application process. The mission of the *Delaware State Housing Authority* (DHSA) is to efficiently provide, and assist others to provide, quality, affordable housing opportunities and appropriate supportive services to responsible low- and moderate-income Delawareans. DHSA will lend its expertise in housing issues to the project and provide a representative for the Reentry Steering Committee. The project will provide some transitional housing opportunities, however, the Reentry Steering Committee will explore all available housing options for the target population of offenders, including new grant opportunities.

The *Statistical Analysis Center* conducts objective analyses to meet critical planning needs and address statewide and system-wide criminal justice policy issues. The Delaware SAC provides research, program evaluation, information systems expertise, crime mapping, population forecasting, data collection and analysis, legislative tracking, and policy analysis. Through contractual arrangement the SAC will be responsible for collecting, aggregating and analyzing process and outcome data for the Delaware Serious and Violent Offender Reentry Project.

5.1 Institutionally-Based Programs

Transition Team

Case Management Teams (CMTs) will provide essential support to the enrolled offender population. The functions of the CMTs will include:

- ✓ Screening and Assessment
- ✓ Treatment Matching and Service Planning
- ✓ Treatment Referral and Placement
- ✓ Referral to Employment Counseling and Training
- ✓ Ongoing Case Management (Other Social Services)

Tasks	Weeks								Assigned Responsibility
	Up to 1 Year Prior to Release	6 Months Pre-Release	4 Months Pre-Release	3 Months Pre-Release	2 Months Pre-Release	1 Months Pre-Release	Release	Community-Based Transition Phase	
Selection of High Risk Participants									Department of Correction
Needs assessments & Development of Plan									Case Management Team
Pre-Release Hearing									Superior Court
Implementation of Phase 1 Plan (Basic Needs & Education, employment support, mental health, substance abuse,, legal issues, monitoring for compliance.									Case Management Team Superior Court Contracted Service Providers

- ✓ Monitoring and Reporting

Figure 3: Institutionally-Based Programs Timeline

5.2 Community-Based Transition

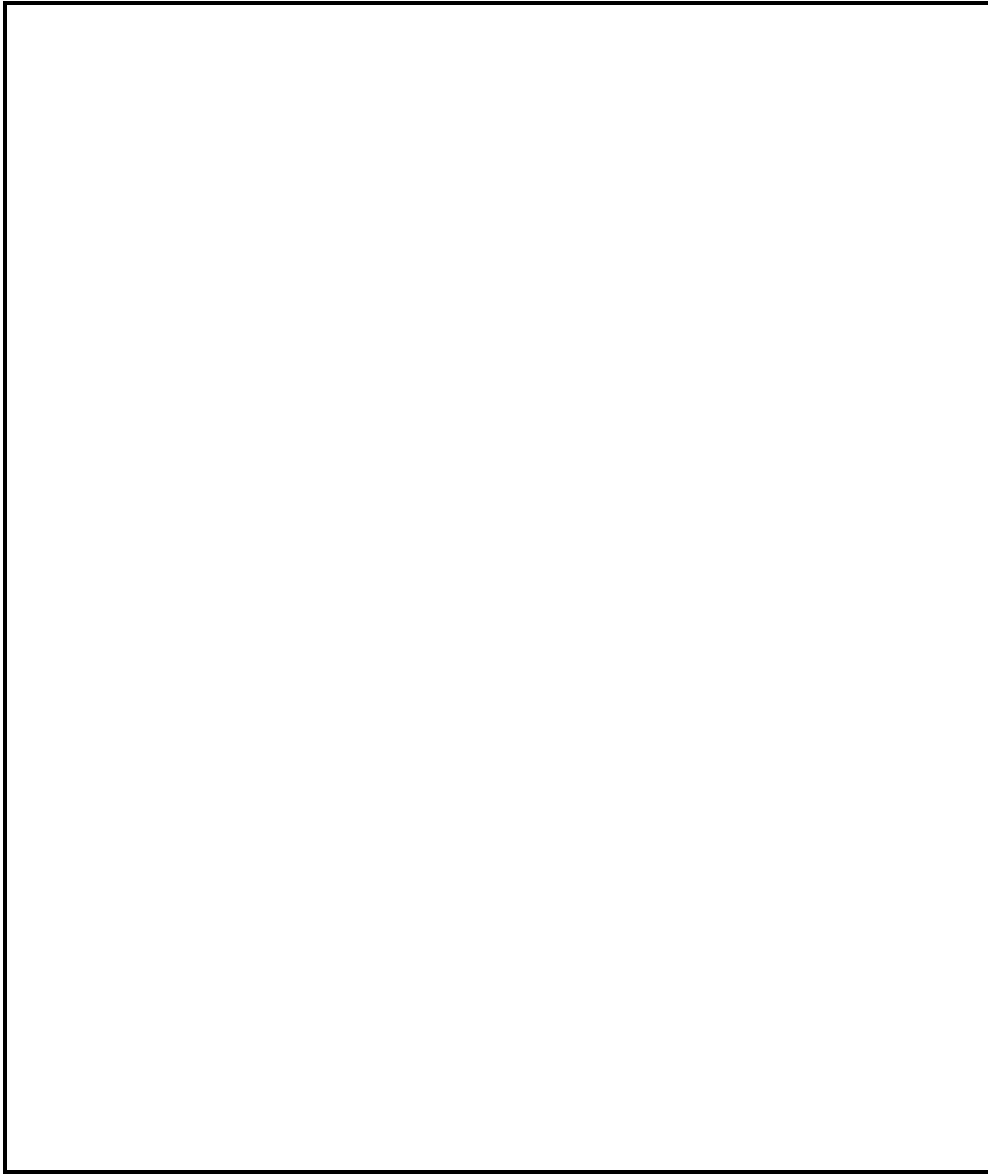
Services during the Community-Based Transition phase include:

- Reception from prison
- Revision and modification of plan
- Case management
- Court supervision
- Ongoing assessment
- Substance Abuse and Mental Health Treatment
- Plan for Phase III

asks	Weeks							Assigned Responsibility
	Release	2 Months	4 Months	6 Months	8 Months	10 Months	12 Months	
• Reception from prison	▲							Multi-disciplinary Case Management Team
• Revision and modification of plan	—	▲						Multi-disciplinary Case Management Team
• Case management	—	—	—	—	—	—	▲	Multi-disciplinary Case Management Team
• Court supervision	—	—	—	—	—	—	▲	Superior Court
• Ongoing assessment	—	—	—	—	—	—	▲	Multi-disciplinary Case Management Team
• Substance Abuse and Mental Health Treatment	—	—	—	—	—	—	▲	Contractual Services
• Plan for Phase III				—	—	—	▲	Multi-disciplinary Case Management Team

Figure 4: Community-Based Transition Timeline

Figure 5: Flow Chart of Reentry Project Components



4.3 Community-Based Long-Term Support

During the community-based long-term support phase, the Department of Correction, Bureau of Community Corrections will continue to monitor offenders while on probation. Additional support will be developed and include:

Continued community support

- Continued involvement with community-based agencies
- Offender contact with social support network
- Substance Abuse and Mental Health Support Groups

Continuum of Supervision & Continuity of Services

The reentry plans and phases described above will be supported through a continuum of supervision and a continuity of services that are present throughout the reentry process. As depicted in Attachment 1 "Case Flow Chart", the Offender will be engaged in the treatment planning and monitoring processes from prior to release to after the transition has occurred. The Case Management Team will begin assessing the offender's needs in the institution and a corresponding treatment plan will be developed. The plan will address needs across a broad range of needs including entitlements, education and training, court monitoring, substance abuse and mental health, housing and probation concerns. Once released into the community, the offender will be assigned to a Case Manager that will ensure appropriate adjustments are made to the treatment plan. The court will provide the supervision to ensure that violations of probation are addressed adequately. After the transition phase the offender will be referred to aftercare services including support groups and other community-based organizations, as appropriate.

Definite Terms and Conditions

The Department of Correction/Bureau of Community Corrections will monitor offenders for compliance. Additionally, the Offender will be scheduled for regular Court appearances to evaluate the progress in meeting case management plan goals and objectives, and compliance with probation requirements.

Technical violations will result in escalated sanctions. The sanctions are:

- 1) first offense – 8 hours of Community Service
- 2) second offense – 2 Weekends at Work Release Center
- 3) 7 days at Violation of Probation Center
- 4) Re-imposition at Level V (Secure Confinement)

Violations related to substance abuse may result in increased treatment intensity.

4. Organize Project Management

Tasks										
	2	4	6	8	10	Year	Year2	Year3	Annual/Quarterly	
• HeRjst Mngt	▲								DiandSbtue AueadMtlldth	
• HeGe Mngt		▲					▲	▲	DiandSbtue AueadMtlldth	
• HeSud Wkr		▲							DiandSudSvcs	
• HeGe Rusks		▲					▲		SpnCur	
• HeRerch Spult		▲							SstclAnlysGtr	

Figure 6: Project Management Timeline

The Delaware Serious and Violent Offender Reentry Project will be statewide in scope and by the end of the project will be operational in all three counties in Delaware. The main phases of the project are as follows:

- **Months 1-6: Planning Phase.** During this phase some project staff will hired and trained. The Reentry Steering Committee will convene on a regular and as-needed basis to develop policies and procedures regarding selection of offenders, assessment and data collection and reporting.
- **Months 7-12: New Castle County Start-Up.** During the second half of Year I, the project will begin its operational phase in New Castle County.
- **Months 13-24: Kent County Start-Up.** During the second year of the project, operation will begin in Kent County.
- **Months 25-36: Sussex County Start-Up.** During the third year of the project, operation will begin in Sussex County.

The Division of Substance Abuse and Mental Health, within the Delaware Department of Health and Social Services, has been designated at the lead agency for the Reentry Project. In Delaware, as in much of the nation, there has historically been a shortage of available treatment services for incarcerated populations. This project recognizes the primary importance of adequate treatment for substance abuse and mental health disorders among returning offenders. The primary agencies in planning for the grant agreed that DSAMH was a logical choice as the lead agency. Since there are no county or local government substance abuse/mental health authorities in Delaware,

DSAMH is in a unique position to offer a wide range and depth of programming and administrative experience to the project. DSAMH and each of the partner agencies have worked collaboratively projects involving substance abuse and mental health treatment in the past.

- **Substance Abuse Treatment.** The Division of Substance Abuse and Mental Health will expand the available substance abuse services to ensure the availability of appropriate treatment for offenders upon release. A full continuum of substance abuse treatment services will be made available including inpatient variable length of stay, half-way/three-quarter way houses, continuous treatment teams, intensive outpatient, outpatient, methadone maintenance and detoxification services. The level of treatment need will be determined through an intensive assessment of substance abuse/dependence treatment need. Assessment instruments will include the Addiction Severity Index (ASI), the American Society of Addiction Medicine (ASAM) Patient Placement Criteria and Level of Service Inventory-Revised (LSI-R). An individualized aftercare plan is developed as part of the treatment plan.
- **Drug Testing.** Offenders will be monitored for drug use through urinalysis. Urine samples will be collected randomly by the Department of Correction's Probation Officers and substance abuse treatment programs. Urinalysis results will provide timely and credible information on the offender's abstinence or use of specific drugs. Results will be used for treatment planning. Additionally, results will be shared the Court system, as appropriate.
- **Mental Health Services.** The Division of Substance Abuse and Mental Health will expand the available mental health services to ensure the availability of appropriate treatment for offenders upon release. Mental health services will be provided through Community Support Programs located throughout the state and operated by providers under contract with the Division of Substance Abuse and Mental Health. These programs are Continuous Treatment Teams (CTTs), Intensive Case Management Programs and Clinic-based Outpatient Services.
- **Education.** Adult and continuing education will be made available by the Case Management Team through appropriate referral including, but not limited to, educational programs for GED/H.S. Diploma and employment-related curriculums.
- **Improving Job Skills and Employment Services.** The Department of Labor will provide appropriate job skills and employment services through its Office of the Secretary (Prison to Work Program), Office of Labor Market Information, Division of Employment of Training and Division of Vocational Rehabilitation. A detailed description of these components is discussed in the next section
- **Transitional Housing.** Delaware Health and Social Services/Division of Substance Abuse and Mental Health will provide transitional housing services for those offenders in need of housing. These services will be provided through contractual arrangements.
- **Restorative Justice.** Restorative justice will be explored in the context of Victim panels. The victim panels will consist of victims of crime. Offenders, through the courts, will be required to meet with an appropriately staffed panel. A protocol for this option will be developed in the planning phase of this project in conjunction with the Superior Court of Delaware.

- **Avoidance of criminal behavior triggers.** Appropriate interventions to avoid criminal behavior triggers will be identified by the Department of Correction/Bureau of Community Corrections. Probation Officers will provide close supervision of offenders in the community. The Case Management Team will work closely with the Courts and the Bureau of Community Corrections to ensure a seamless delivery of services.

Case Management Teams (CMTs) will provide essential support to the enrolled offender population. The functions of the CMTs will include:

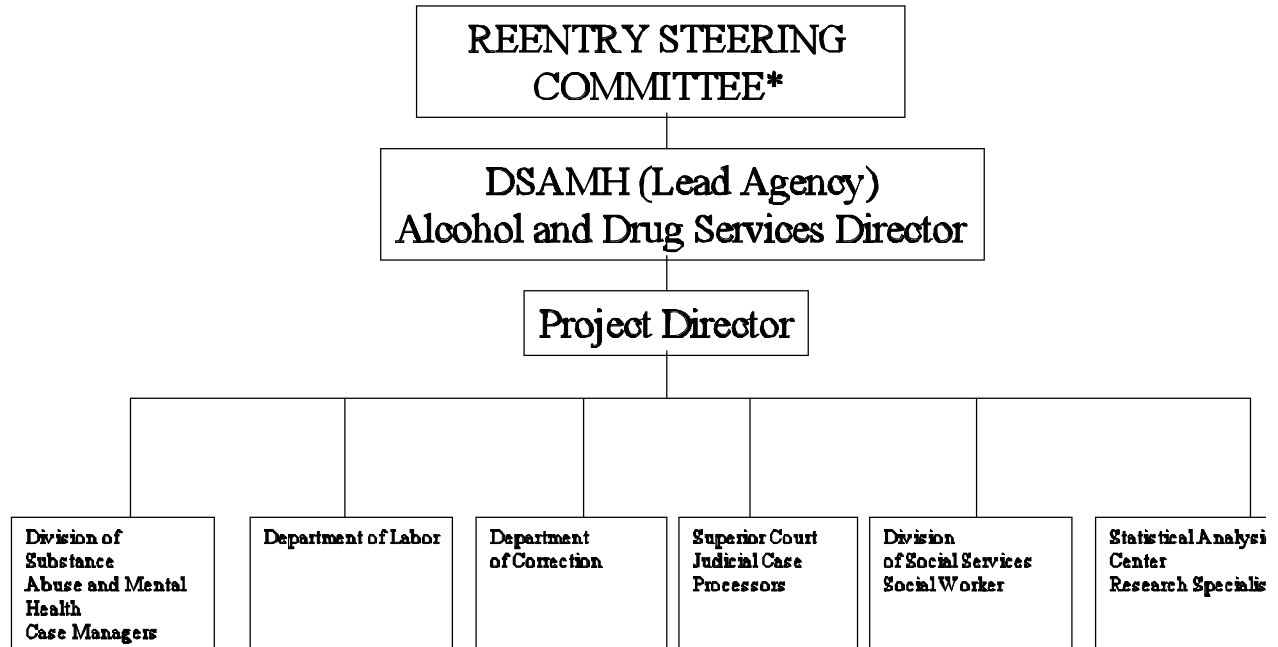
- ✓ Screening and Assessment
- ✓ Treatment Matching and Service Planning
- ✓ Treatment Referral and Placement
- ✓ Referral to Employment Counseling and Training
- ✓ Ongoing Case Management (Other Social Services)
- ✓ Monitoring and Reporting

Each participant will be administered a comprehensive set of needs assessments to determine their need for mental health, substance abuse and risk-level and employment-related services. Information will be collected for each of the following areas:

- General archival data will include prior arrests and contacts with criminal justice system.
- ***Substance abuse assessment*** items will include: patterns of alcohol and other drug (AOD) use; tolerance; history of withdrawal symptoms; treatment history; impact of AOD abuse on major life areas; risk factors for continued AOD abuse; and motivation and readiness for treatment.
- ***Mental health assessment*** items will include: signs and symptoms of depression; sleeping disorders; recurrent dreams and nightmares; symptoms of psychotic disorders; symptoms of dissociative disorders; self-mutilation/history of self-injury; suicidal ideation and other symptoms of mental disorders.
- ***Risk-to-the-community assessment*** items will include: Prior convictions and offenses, incarceration history, institutional misconduct, probation violations, history of assault/violence (as measured through the LSI-R).
- ***Employment/training assessment*** items will include: History of employment; continuity of employment history; history of being fired; educational attainment; work skills inventory.

Additionally, as part of the comprehensive assessment process health related items and a medical history file will be made available to the Case Management Team. A General Health inventory will include such items as: nutrition, weight and eating habits; dental hygiene; HIV/AIDS; STDs; diabetes; cardiovascular disorders; pulmonary/respiratory disorders; hemotologic disorders; renal disease; neurologic disorders; gynecologic disorders; urologic diseases; and gastrointestinal disorders.

Delaware Offender Reentry Project Project Staff Organizational Chart



Plan for Program Sustainability

The Decision-Making Committee Membership will consist of leaders in each of their respective fields. A primary focus of the committee will be to ensure current community and government resources are utilized and will remain accessible once federal funds are unavailable. The committee will also ensure that broad government and community support exists and that these relationships are enhanced and built. Each agency will work to ensure that this initiative is viewed as integral to community and public safety.

Staff Resources

The resources that will be used for the Delaware Offender Reentry Project are wide in scope across many government agencies. Many high-level officials, from the courts and state agencies have been directly involved with the project's design and will continue to be intricately involved in the project's implementation.

Information Sharing/Data Collection

The Statistical Analysis Center (SAC) will collect data related to program outcomes, performance measures, and continuous quality improvement. Data elements may include: recidivism from the Department of Correction; employment from Department of Labor; substance use from Department of Health and Social Services; level of functioning from Department of Health and Social Services; number accessing mental health services from Department of Health and Social Services; percent taking medication regularly from Department of Health and Social Services; and percent accessing other Social Services, including Medicaid from Department of Health and Social Services.

SAC will analyze the data to determine the extent of the following measures:

- Decrease in returning offenders. Includes all program participants, estimated at 200 per year. Measure: recidivism at 1, 2, and 3 years post release.**
- Increase in percent employed. Includes all program participants, estimated at 200 per year. Measure: Part/full time employment; part/full time education.**
- Reduced substance use. Includes all program participants, estimated at 200 per year. Measure: Negative illicit drug urinalysis.**
- Increased functioning. As determined by ASI.**
- Increase in percent accessing mental health services. Estimated at 35-40 participants per year in need of mental health services. Measure: Number served in mental health programs.**
- Increase in percent taking medication according to prescribed regimen.**

SAC will serve as the primary point of contact for the National Evaluation. Delaware will work with the national evaluation team to provide all required evaluation information.

SAC will review all consent procedures, information collection instruments and forms. The information collected will be housed at the SAC.

SAC will have primary responsibility for maintenance of the data set. SAC will prepare monthly reports for the Decision-Making Committee. The Committee will review and discuss the findings and implications of the monthly reports at their regularly scheduled meetings to determine what, if any, modifications should be implemented.

Figure 7: Organizational Chart